

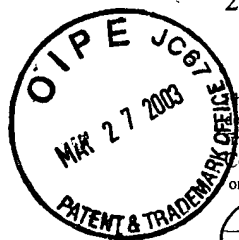
Serial No.: 09/899,607

207275.0337

CUNO-405

PATENT

#16/a  
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6-4-03



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on 5/22/03  
*Theresa D. Orsini* (Date of Deposit)  
Signature  
5/22/03 (Date of Signature)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

ANDREOLI, et al.

Serial No.: 09/899,607

Filed: July 5, 2001

For: **LOW FLUORESCENCE NYLON/GLASS  
COMPOSITES FOR  
MICRO-ANALYTICAL  
DIAGNOSTIC APPLICATIONS**

)  
)  
) Group Art Unit: 1651  
)  
) Examiner: D. Naff  
)  
)

**RECEIVED**

MAY 30 2003

TECH CENTER 1600/2900

**AMENDMENT A**

Assistant Commissioner for Patents  
Washington, DC 20231

Sir:

In response to the Official Action mailed January 29, 2003, please amend the above-mentioned application as follows:

**IN THE SPECIFICATION**

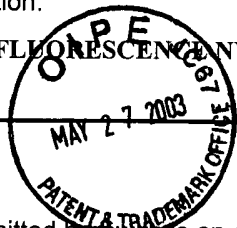
Enclosed herewith is a substitute specification of the original application pursuant to 37 C.F.R. § 1.125(b). Please find enclosed a clean version and a marked up version attached hereto.

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**Applicant(s): **ANDREOLI, et al.**

Docket No.

**207275.0337/CUNO-405**Serial No.  
**09/899,607**Filing Date  
**July 5, 2001**Examiner  
**Naff, D.**Group Art Unit  
**1651**

Invention:

**LOW FLOUORESCENCE NYLON/GLASS COMPOSITES FOR MICRO-ANALYTICAL DIAGNOSTIC APPLICATIONS**TO THE ASSISTANT COMMISSIONER FOR PATENTS:**RECEIVED**

Transmitted herewith is an amendment in the above-identified application.

**MAY 30 2003**

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED****TECH CENTER 1600/2900**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	45 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_  
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **11-0231**  
A duplicate copy of this sheet is enclosed.
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☐ Any patent application processing fees under 37 CFR 1.17.

  
\_\_\_\_\_  
SignatureDated: **May 22, 2003**

**R. Thomas Payne**  
Reg. No. 30,674  
**CUMMINGS & LOCKWOOD**  
Four Stamford Plaza  
Stamford, CT 06904  
Tel: 203.351.4192

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Signature of Person Mailing Correspondence**Theresa Do nan Recupido**

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